

RENEWAL APPLICATION

FOR LICENSING AS A LEAD TRAINING PROVIDER

Complete all sections of the application either by hand printing in ink or typing. Be sure to sign the completed application and include the appropriate application fee. Attach additional information as necessary.

1. APPLICANT:

Company Name: _____

Company Address: _____

Company Phone Number: _____

Company Fax Number: _____

Responsible Person: _____ Title: _____

Previous License Number: _____ Expiration Date: _____

2. LICENSE INFORMATION

Are you presently permitted, licensed, certified or registered in the lead abatement field with another state?

☐ YES ☐ NO

If YES: State _____ Number: _____

State _____ Number: _____

3. QUALIFIED TRAINING MANAGER(S)

Please provide the name of the training personnel responsible for the development and administration of the training courses.

Primary Instructor: _____

Secondary Instructor(s): _____

4. INFORMATION FOR ACCREDITATION OF COURSES

Please check each of the lead courses for which you are re-applying for accreditation:

- | | |
|--|--|
| <input type="checkbox"/> LEAD ABATEMENT WORKER (24 hrs, including minimum 10 hrs hands-on) | <input type="checkbox"/> REFRESHER (8 hrs) |
| <input type="checkbox"/> PROJECT SUPERVISOR (32 hrs, including minimum 8 hrs hands-on) | <input type="checkbox"/> REFRESHER (8 hrs) |
| <input type="checkbox"/> LEAD INSPECTOR (32 hrs, including 8 hrs hands-on) | <input type="checkbox"/> REFRESHER (8 hrs) |
| <input type="checkbox"/> RISK ASSESSOR (16 hrs, including minimum 4 hrs hands-on) | <input type="checkbox"/> REFRESHER (8 hrs) |
| <input type="checkbox"/> DESIGN CONSULTANT (16 hrs) | <input type="checkbox"/> REFRESHER (8 hrs) |
| <input type="checkbox"/> LEAD SAMPLING TECHNICIAN (6 hrs) | |
| <input type="checkbox"/> LEAD-SMART RENOVATOR (8 hrs) | |

5. CHANGES RESULTING FROM COURSE AUDIT DURING PAST YEAR

Facility: _____

Curriculum: _____

Please submit all new course materials and clearly indicate any changes or deletions to existing course materials.

6. APPLICATION AND LICENSE FEES

This application must include a non-refundable cashiers, certified or company check in the amount of **\$500.00** made payable to the **Maine Environmental Protection Fund**.

7. SIGNATURE:

I CERTIFY THAT THE TRAINING COURSES PROVIDED BY THIS COMPANY MEET THE ACCREDITATION REQUIREMENTS ESTABLISHED IN SECTIONS 8.B, 8.C, AND 8.D OF CHAPTER 424, THE LEAD MANAGEMENT REGULATIONS. I FURTHER CERTIFY THAT THESE COURSES WILL BE IMPLEMENTED IN ACCORDANCE WITH SECTIONS 8.E, 8.F AND 8.G OF CHAPTER 424. THE DEPARTMENT WILL BE ALLOWED TO AUDIT ANY AND ALL ASPECTS OF EACH OF THESE COURSES. I WILL MAINTAIN STUDENT RECORDS FOR AT LEAST TWO YEARS AND WILL PROVIDE THESE TO THE DEPARTMENT UPON REQUEST.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS THERETO AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

SIGNED: _____ DATE: _____

PRINTED: _____

RETURN TO: **Lead & Asbestos Hazard Prevention Program**
 Department of Environmental Protection
 17 State House Station
 Augusta, Maine 04333-0017
 (207) 287-2651